

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046189

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 5 1963

Primary Registration District No.

Registrar's No. 11912

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| VS 300 Rev. 4/59 | DATE AMENDED | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF | DOCUMENT |
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| 2 | 2/6 | | |
| 3 | 2 | | |
| 4 | | | |
| 5 | 1 | | |
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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| Length of stay in 1b life | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LaAlexian Bros. Hospital | | d. STREET ADDRESS (If outside, give location) 3407a Gravois Avenue | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | 4. DATE OF DEATH | |
| First Middle Last VIRGIL C. WERNER, Sr. | | Month Day Year Dec. 1, 1963 | |
| 5. SEX | 6. COLOR OR RACE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH |
| male | white | | 9/2/1914 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanist | | 10b. KIND OF BUSINESS OR INDUSTRY Manufacturing | |
| 11a. FATHER'S NAME Charles Werner | | 11b. MOTHER'S MAIDEN NAME Bitha Sanders | |
| 12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 12b. SOCIAL SECURITY NO. [redacted] | |
| 13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rheumatic Heart Disease | | 14. NAME OF HUSBAND OR WIFE Estelle Metz | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | 15. INFORMANT Mrs. Estelle Werner, 3407a Gravois Avenue | |
| DUE TO (b) | | 16. INTERVAL BETWEEN ONSET AND DEATH yes. | |
| DUE TO (c) | | 4/6X | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from Nov 1962 to 12-1-63 and last saw him alive on 12-1-63 Death occurred at 9:50 A. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE [Signature] | | 22b. ADDRESS [Address] | |
| 22c. DATE SIGNED 12-2-63 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 12/4/63 | 23c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery | 23d. LOCATION (City, town, or county) St. Louis County, Missouri |
| 24. FUNERAL DIRECTOR BEIDERWIEDEN F.H. INC., 3620 Chippewa Street | | 25. DATE RECD. BY LOCAL REG. DEC 2 1963 | |
| | | 26. REGISTRAR'S SIGNATURE [Signature] | |

Dr. Quillberg
5203 Cleburn
1-4 April

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Horner W. Fritz

Licensed Embalmer No. 3882

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.